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**REQUEST FOR WITHDRAWAL  
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|                        |              |
|------------------------|--------------|
| Application Number     | 09/818,378   |
| Filing Date            | 03/27/2001   |
| First Named Inventor   | Terry        |
| Art Unit               | 2666         |
| Examiner Name          | Duong, Frank |
| Attorney Docket Number | 0960-017     |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Per client instructions.

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OR

|   |   |       |         |                  |                         |
|---|---|-------|---------|------------------|-------------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | John L. Doughty, ARRIS International, Inc.        |       |         |                  |                         |
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| Date  | April 29, 2005                                    |       |         | Telephone No.    | (919) 544 5444          |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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